



WASHINGTON STATE BANKS ONLY
ASSIGNMENT OF ACCOUNT
OR TIME DEPOSIT

NOTE TO ASSIGNOR:

This account will not be released until TWO Years after the expiration of the Certificate of Registration, provided, there are no outstanding summons and complaints filed against the deposit.

This assignment is for the purpose of fulfilling the requirement of RCW 18.27.040. The undersigned does hereby assign, transfer and set over unto the state of Washington all rights, title and interest in and to \$ _____ (_____ thousand and no/100 dollars), of Account No. _____ in the (bank name) _____, with full power and authority to demand, collect and receive said deposit, and to give receipt and acquaintance therefore, for the uses and purposes prescribed by said RCW 18.27. It is understood and agreed that (bank) _____ holds the said savings account or time deposit in its possession, and agrees to hold \$ _____ until a release of this assignment is received from the state of Washington. It is further understood that this assignment is subject to judgments which may be rendered against the (business name) _____ and in accordance with the provisions of RCW 18.27. The deposit will be released to the state of Washington after 30 days notice on demand and with no other conditions of release.

Signed and dated at _____, Washington, this _____ day of _____.

ACCEPTANCE (To be completed by bank personnel)

The undersigned hereby accepts the foregoing assignment of account or time deposit and agrees to hold the funds until an authorized release is received by the state of Washington	
Account#	In the amount of \$
Date	

Print/type name of depositor		
Signature of depositor		
Address		
City	State	ZIP+4

Signature of notary

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
Notary Public in and for the state of Washington
Residing at
My commission expires

Signature of bank personnel

Signature of authorized bank personnel		
Bank address		
City	State	ZIP
Phone number		

(Notary Seal)